

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Ralph M. ELLISON et al.

Title:

COMPOSITIONS AND METHODS FOR THE TREATMENT OF

PRIMARY AND METASTATIC NEOPLASTIC DISEASES USING

ARSENIC COMPOUNDS

Prior Appl. No.:

09/173,531, filed 10/15/1998

Serial No.:

Unassigned

Filing Date:

02/12/2004

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation	[X] Division	[] Continuation-In-Part (CIP)
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of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (41 pages).
- [X] Formal drawings (24 sheets, Figures 1A-4C).
- [X] Declaration and Power of Attorney (5 pages).
- [] Assignment of the invention to PolaRx Biopharmaceuticals, Inc..
- [] Assignment Recordation Cover Sheet.
- [X] Small Entity statement.
- [X] Preliminary Amendment.





[X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as		Included in		Extra				Fee
	Filed		Basic Fee		Claims		Rate		Totals
Basic Fee			-				\$770.00		\$770.00
Total Claims:	24	-	20	=	4	X	\$18.00	=	\$72.00
Independe nts:	1	-	3	=	0	х	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$290.00							=	\$0.00	
						S	UBTOTAL:	=	\$842.00
[X]		Sm	nall Entity Fe	es A	pply (sub	ract !	½ of above):	=	\$421.00
TOTAL FILING FEE:							=	\$421.00	

- [X] A check in the amount of \$421.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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